

**Consolidated Grant Program  
Equipment Status / Final Report Form**

This report is required within sixty days of the final disbursement of awarded funds, but no later than sixty days after the end of the grant period. The funded item/project shall be completed and operational at the time this form is signed and returned.

Agency Name:	Grant #:
Agency Address:	Grant Cycle:
	Agency FIN: number is required
	Phone Number:
Signature:	Title:

*Please number each item listed:*

No.	Item description:
	Serial Number (if applicable):
	Location item housed at:
No.	Item description:
	Serial Number (if applicable):
	Location item housed at:
No.	Item description:
	Serial Number (if applicable):
	Location item housed at:
No.	Item description:
	Serial Number (if applicable):
	Location item housed at:
No.	Item description:
	Serial Number (if applicable):
	Location item housed at:
	Equipment/Project Status:

**\*\* This page can be duplicated as necessary\*\***  
**Provide project description on back.**

**Description of Completed Project:**

Please describe in detail the item/project funded by the Consolidated Grant Program. Please indicate how this funding impacted your agency and the services provided.